

## State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Certificate Request Form

## **Request Information**

	ID	ENTITY NAME	CERTIFICATE TYPE
0	000951956	Mid America Health, Inc.	Certificate of Good Standing

## **Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Marci Guevara

Business Name:  $\underline{\text{Mid America Health, Inc.}}$ No. and Street:  $\underline{1499 \text{ Windhorst Way}}$ 

<u>Suite 100</u>

City or Town:  $\underline{GREENWOOD}$  State:  $\underline{IN}$  Zip:  $\underline{46143}$  Country:  $\underline{USA}$ 

Contact Phone: ext:

Contact Email: mguevara@mahweb.com

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